

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee ASG Marketing			Date M M / D D / Y Y Y Y Y Y Y Y 08 / 30 / 2012		
Mailing Address 1600 Amphitheatre Pkwy			Amount 10178.33		
City Mountain View		State CA	Zip Code 94043		
Purpose of Expenditure IE-Smith-Email List Rental		Category/Type 003		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 11065.28			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee SENATE CONSERVATIVES FUND			Date M M / D D / Y Y Y Y Y Y Y Y 08 / 25 / 2012		
Mailing Address 228 S. WASHINGTON ST., STE. 115			Amount 886.95		
City ALEXANDRIA		State VA	Zip Code 22314		
Purpose of Expenditure IE-Smith-Online Processing		Category/Type 001		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 886.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			11065.28		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....			11065.28		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Lisa Lisker		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y Y Y 08 / 30 / 2012	